

EVENT SCHEDULE
AND
FACILITIES RESERVATION REQUEST FORM
NEWFOUND BAPTIST CHURCH

*** Everyone, please fill out Section 1. and all other Sections that apply.**
Please leave completed form in the church office.
You will be notified when your reservation form has been approved.

1. Today's date: _____

Ministry/Organization requesting facility: _____

Contact person for this activity: _____

Home phone: _____ **Cell phone:** _____ **Work phone:** _____

2. Event Description: _____

Event date (s): _____

Day of week: ___ Sun. ___ Mon. ___ Tue. ___ Wed. ___ Thurs. ___ Fri. ___ Sat.

Occurrence: ___ One time only ___ Weekly ___ Monthly ___ Every other

___ First ___ Second ___ Third ___ Fourth ___ Fifth

Rooms needed: _____

Room needed for set-up by: _____ ___ A.M. ___ P.M.

Event start date: _____ ___ A.M. ___ P.M.

Event end time: _____ ___ A.M. ___ P.M.

Room will be cleaned and emptied by: _____ A.M. _____ P.M.

Offsite Location: _____

Church key needed? ___ Yes ___ No

___ Post event in Bulletin ___ Post event in Power Point

3. Other Facilities and Equipment:

___ Fellowship Hall

___ Recreation Field

___ Kitchen

___ Picnic Shed

___ Bus

___ Recreational Equipment

___ Van

___ Audio and/or Video Equipment

Notes about event: _____

4. Custodial Fee \$ _____ to be paid when key is picked up.

Do you need childcare for this event? _____ Yes _____ No

If so, please contact Pat Jackson at 683-2777.

Approved by: _____ Date: _____

Contact person notified? ___ Yes ___ No Date: _____